

**MEDICAL DIRECTION COMMISSION  
MINUTES  
January 21, 2005  
150 North 18<sup>th</sup> Avenue, Suite 540-A  
Phoenix, Arizona**

**Members Present:**

Kevin Conn	Ben Bobrow (Chairman)
John Gallagher	John H. Raife
Michael Ward	Frank Walter
Carrier Walters	Thomas Wachtel

**Members Absent:**

Wendy Ann Lucid  
Phillip C. Richemont  
Daniel Spaite  
Harvey W. Meislin

**Ex-Officio Members Present:**

Kay Lewis

**I. CALL TO ORDER**

Ben Bobrow, Chairman, called the regular meeting of the Medical Direction Commission to order at 9:30 a.m. A quorum was present.

**II. DISCUSS/AMEND and ACTION ON SEPTEMBER 24, 2004 MINUTES**

A motion was made by Frank Walter and seconded by John Gallagher to approve the agenda for January 21, 2005 and the minutes of September 24, 2004 with one correction.

On page three, line seven change anti-nauseas to anti-nausea. **Motion carried.**

**III. REPORTS:**

**A. Report from the Office of the Director:**

- Niki O’Keeffe, Deputy Assistant Director, introduced Gene Wikle as the new Bureau Chief for the Bureau of EMS.
- Niki O’Keeffe reported that funding that goes through the Bureau to fund poison centers has been cut. She advised members that work with Poison Centers to talk to their Director in order to get the information to the right individuals.
- Proposition 200 - Dona Markley stated that Medical Direction Commission (MDC) requested that this matter be placed on the agenda. At this time, the Department is not aware of any impact Proposition 200 will have on Arizona EMS and Trauma Services.

**B. Chairman’s Report**

- Ben Bobrow announced that four members have been reappointed to MDC: Wendy Lucid, Harvey Meislin, Frank Walter, and Philip Richemont.

**IV. ARIZONA DEPARTMENT OF HEALTH SERVICES DISCUSSION AND ACTION ITEMS:**

**A. Discussion on Open Meeting Laws and Committee Meetings**

- Dona Markley reported on changes in the Arizona Open Meeting Laws:

- A quorum, unless otherwise defined in statute, is a simple majority of total membership established in statute. There is legislation pending that will modify quorum requirements (SB 1162). This senate bill will change the statute to be a majority of filled positions for the three statutory committees.
- A “Call to the Public” is only for the use of the public (audience).
- “Training or Education Announcements” has been changed to “Summary of Current Events” and is an open call to MDC Members only. MDC members shall not take any action on matters raised at this time.
- There will no longer be sign-in sheets at the meetings. Only members will be listed on the minutes. Public and employee names will no longer be listed on the minutes.

**B. Report on Cardiac Arrest, AED, and Acute Stroke Data Collection Initiative**

- Ben Bobrow reported that the Arizona Department of Health Services, Bureau of Emergency Medical Services, has established a registry to collect and analyze data pertaining to out-of-hospital cardiac arrest (OHCA). The program has been titled: Save Hearts in Arizona Registry and Education (SHARE).
  - The goal is to create a quantifiable report for the Director
  - You can reach the SHARE website link through the BEMS website
  - Soon there will be a direct website called [www.az.share.gov](http://www.az.share.gov)
  - The goal is to have a web-based database
  - Lani Clark from the University of Arizona has been contracted to assist with this project
  - By law we should report use of AEDs within 5 days
  - We would be the only state that has a cardiac arrest registry
  - A packet containing a draft letter to EMS providers regarding the Share Program and data forms was distributed at the meeting
  - The EMS Report will be attached to this data form.
  - In the process of working on an on-line system with a secure database
  - The data form can be faxed or e-mailed to Lani Clark
  - Tie into the AED Registry
  - Develop a citizen-based framework for teaching CPR and public access defibrillation, public interest and awareness
- Related recommendations that were made in the meeting included:
  - Ability to e-mail or download data
  - Break down question #3 on the EMS Data Form – Ventilations and Compressions
  - Add number of shocks or unknown to question #5
  -

**C. Report on Status of Arizona Certified EMT-Paramedics Working in Health Care Institutions**

- EMS Council's Education Committee, EMS Council and Medical Direction Commission (MDC) have previously discussed expanding the role and/or scope of practice of the paramedic to allow them to work in non-prehospital setting, both in the emergency department and in critical care.

The Department has reviewed the request and determined that the role of the EMT Paramedic in settings other than the pre-hospital environment would involve input from other licensing agencies, boards, and stakeholders. Any change in the scope of practice would require change in statute and rule. The rule priorities have already been set and the Department will not move forward at this time. Once the Trauma and Air Ambulance are completed, the Department will engage stakeholders in preliminary discussions to determine if there really is widespread support.

- A question was asked regarding the paramedics currently working in non-prehospital settings. It was recommended to encourage facilities that are hiring "paramedics" not to call them paramedics. The liability would then fall with the facility.

**D. Report on Status of EMS Futures Forum**

- EMS Council's Executive Committee has requested that the Bureau of EMS hold an EMS Futures Forum in 2005. The Department has reviewed the request and determined that such Forums are most effective held every five to seven years. The Department is in the process of working on some of the key initiatives from the December 2003 Forum. The Bureau remains committed to work collaboratively with the EMS and Trauma Community. The Bureau intends to actively participate in activities and meetings sponsored by the regional EMS Councils and community organizations.

**E. Report on Bureau of Emergency Medical Services (BEMS) Enforcement Program and Introduction of New BEMS Certification/Training/Enforcement Section Chief**

- Ben Bobrow introduced the new BEMS Certification/Training/Enforcement Section Chief, Ron Anderson. Ron Anderson distributed an Investigational Activity Summary. He briefly gave an overview of the Enforcement process.
- Ben Bobrow presented Dona Markley with a plaque in recognition of her outstanding public health service to the Bureau of Emergency Medical Services (EMS) for EMS Council, Medical Direction Commission (MDC) and the State Trauma Advisory Board (STAB).

**F. Discussion and Action on Legislation that May Impact Arizona EMS and Trauma**

- The Department has submitted the proposed trauma legislation (SB1134). This bill will authorize the Department to delegate authority to the American

College of Surgeons (ACS) to conduct inspections and determine verification/designation. This piece is extremely critical to the current scheme of the draft rules for trauma center designation. There is not going to be a house bill only a senate bill. There has been widespread support for trauma verification/designation.

- Vicki Conditt and Sarah Harpring presented information and discussed the draft rules at the recent EMS Regional Council Meetings:
  - Northern Arizona Emergency Medical Services Council scheduled for January 7, 2005 was canceled due to weather conditions.
  - Western Arizona Council of Emergency Medical Services Meeting - January 13, 2005
  - Arizona Emergency Medical Services Council Meeting - January 19, 2005
  - Southeastern Arizona Emergency Medical Services Council Meeting - January 25, 2005
  - Phoenix - Public meeting to obtain oral comment on the draft rules January 27, 2005. This will be held at ADHS, 150 North 18<sup>th</sup> Avenue, Room 540A.
- Changes to quorum requirements, SB 1162 - would require a majority of those appointed. It sounds like it would not include the Chairperson and the Representative of Highway Safety as these are delegated positions. It was decided that the language should be amended to delegated and appointed.
- Clarification regarding the orange DNR Forms – copies do not need to be made on orange paper.

## **V. OLD BUSINESS**

### **A. Update on and Discussion of Expanding Scope of Practice of EMT-Paramedics to Include Rapid Sequence Intubation**

- On January 23, 2004, MDC and EMS Council reviewed and accepted guidelines, protocols, and training requirements to establish RSI/MAI as an optional procedure for paramedics. Both committees recommended that the Department/Bureau of EMS initiate rulemaking to expand the scope of practice of the EMT-Paramedic to include the RSI/MAI as an optional procedure. Pending a determination by the Department, the RSI/MAI pilot project was allowed to continue.
- The recommendation to expand the scope of practice of the EMT-Paramedic to include RSI/MAI as an optional procedure is still under review by the Department.
- It was reported that there are agencies still doing this pilot project without any oversight from the Bureau. There was concern over published articles stating the complication rate is more significant than at first thought since this pilot project was started.
- Until the Department decides to approve the RSI pilot project, the agencies

involved need to continue reporting.

- Ben Bobrow was asked to report on this at the next meeting.

**Item:** Update on RSI Pilot Project/Revisit  
**Follow Up:** Agenda Item MDC  
**Who:** Ben Bobrow  
**When:** Next Meeting – April 22, 2005

**B. Update on and Discussion of EMT-B Carrying and Administering Aspirin**

- The Department considered and accepted the recommendation and in June 2002, the Bureau of EMS amended R9-25-503, Exhibit 1 - Drug List to authorize EMT-Basics to carry and administer aspirin and to authorize BLS ambulances to carry aspirin.
- The Bureau's position is that:
  - An EMT-Basic may carry aspirin in an amount identified in R9-25-503, Exhibit 1, EMT-B Drug List.
  - An EMT-Basic may administer aspirin only to adults suffering chest pain
  - Administration of aspirin by an EMT-Basic is not an advanced procedure and does not require administrative or on-line medical direction
  - The administration of aspirin to an adult suffering chest pain is considered comparable to assisting patients with prescribed and over-the-counter medications, which is within the EMT-Basic scope of practice

**VI. NEW BUSINESS**

**A. Discussion and Action on Expanding Scope of Practice of EMT-Basics to Carry and Administer Epinephrine**

- Dr. Gallagher stated that the Kansas epinephrine curriculum had previously been reviewed by PMD. PMD recommended that the training be modeled after the training adopted by the State of Kansas. Kay Lewis requested a copy of the curriculum. The curriculum will need to be modified to delete things that are not Arizona specific. For an EMT-Basic acting as an ambulance attendant, administration of EPI-PENS will be mandatory. If they are acting in another capacity, it will be optional. A question was asked if a certified EMT-Basic or Paramedic, as a private citizen on the scene, could assist a citizen by using an EPI-PEN. If the EMT-Basic or Paramedic has been trained to administer an EPI-PEN and has access to an EPI-PEN, he or she could facilitate its use.

A motion was made by John Gallagher and seconded by Frank Walter to Expand the Scope of Practice for EMT-Basics to carry and administer epinephrine. **Motion carried.**

**Item:** Kansas epinephrine curriculum or link to website

**Follow Up:** E-mail to Kay Lewis and Education Committee members  
**Who:** Donna Meyer  
**When:** As soon as possible

After the rules are drafted, we will make them available to the committee members for comments. We are hopeful that the draft rules are completed before the next meeting in April. This curriculum also takes into consideration the need for the EMT-Basic on scene to make a determination of whether administration is necessary.

**Item:** Kansas Epinephrine Curriculum  
**Follow Up:** Include draft for next meeting  
**Who:** Donna Meyer  
**When:** MDC meeting on April 22, 2005

- It was recommended that the concentration of Epinephrine – Adult Dose of .3mg be changed to 0.3mg and the Pediatric dose of .15mg be changed to 0.15mg.
- When a document is incorporated by reference in rules, we are required to state that it does not include any future additions or amendments. If the document is revised, additional rulemaking will be required if we want to adopt a revised version. If the document is adapted to meet Arizona-specific requirements, we need to indicate what modifications we are making. We may also have to create an Arizona Curriculum that is modeled after it.
- Discussion ensued regarding expanding the scope of practice for EMT-Basics to carry and administer Epinephrine and whether to make it optional or mandatory.
  - If Epinephrine is made mandatory for the ambulance services, it would also need to be added to the minimum equipment list for ambulances. If Epinephrine has to be continually stocked in the ambulances in urban areas, it may not be used. Since this is a requirement for ambulances, some type of policy may need to be written because there is not a requirement in the ambulance equipment list that BLS units have a drug box.
  - If this were made a mandatory requirement for ambulance and fire, everyone would need to have the skill. The Bureau would like this to be mandatory. If it is an optional requirement, coverage will be more sporadic and not guaranteed.
  - A question was raised because a prescription is required to obtain an EPI-PEN. What accommodations would be made to BLS services that do not have a medical director.
  - Based on the draft, the intent of the Bureau is to adopt as outlined.
  - Any details or comments regarding Expanding the Scope of Practice for EMT-Basics to carry and administer Epinephrine should be presented to the Director. The Director will determine

the final decision.

- Dona Markley stated that when the draft is ready to send out to stakeholders, they will be given a period to make comments.
- This may be pushed back 60 – 90 days to allow for input time.

**B. Discussion and Action on Revising A.A.C. R9-25-503, Exhibit 1 and Exhibit 2**

A motion was made by John Gallagher and seconded by Frank Walter to accept this document as presented with no concentrations listed. **Motion carried.**

- It was recommended that Activated Charcoal be placed on the next agenda of the PMD Committee. There is new evidence stating that this is an ineffective drug and that there are possible complications.

**Item: Activated Charcoal**  
**Follow Up: PMD Committee**  
**Who: John Gallagher**  
**When: February 17, 2005**

- It was recommended that the dosage for Glucagon be changed to 5 mg and placed on the next agenda of the PMD Committee.

**Item: Glucagon Dosage – change from 2 mg to 5 mg.**  
**Follow Up: PMD Committee**  
**Who: John Gallagher**  
**When: February 17, 2005**

- It was recommended that the concentration for Epinephrine use for ETT be reviewed at the next PMD Committee meeting.

**Item: Concentration for Epinephrine use for ETT**  
**Follow Up: PMD Committee**  
**Who: John Gallagher**  
**When: February 17, 2005**

- Dona Markley thanked Janine Anderson and John Gallagher for their work on this document.

**C. Discussion and Action on Adopting Drug Profiles as Guidance Documents for:**

- 1. Dexamethasone**
- 2. Diltiazem**
- 3. Nalmefene HCl**

A motion was made by Thomas Wachtel and seconded by John Gallagher to

approve the drug profiles for Dexamethasone, Diltiazem and Nalmefene HCl with one additional correction on the Diltiazem profile. On page 1, delete the last line, “Use with caution in patients receiving oral beta block medications”, and replace with “beta-blocker use”. **Motion Carried.**

**D. Report on Mesa Fire Department’s Centralized Medical Direction Commissions Center Project**

- Due to time constraints, Kenny King will make his presentation following MDC meeting at the EMS Council meeting.

**E. Report on Status of Community and Hospital Preparedness Program’s Regional Planning**

- Due to time constraints, Jane Wixted will make her report following the MDC meeting at the EMS Council meeting.

**VII. CALL TO THE PUBLIC**

No one came forward.

**VIII. SUMMARY OF CURRENT EVENTS**

There were no announcements.

**IX. ANNOUNCEMENT OF NEXT MEETING**

The next meeting of the Medical Direction Commission will be held April 22, 2005.

**X. ADJOURNMENT**

The meeting adjourned at 10:50 a.m.

Approved by: Medical Direction Commission

Date: April 22, 2005